

**Deadline for request and cancellation:  
Friday, 13 July, 2001**

**Contact Information** *Please type or print legibly*

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address:  Home  Business  
(Remember to include any company mail codes):  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**On Campus Housing**

**Required of anyone booking housing**  
 Smoker  Non Smoker  Female  Male

Arrival date: \_\_\_\_\_ Departure date: \_\_\_\_\_

Number of requested nights \_\_\_\_\_ (Please remember to count nights only)

**I would like to reserve:**

- Single room @ **\$50.00** per room, per night
- Full double @ **\$70.00** per room, per night (I am booking & paying for my roommate) Guest's name: \_\_\_\_\_
- Shared double @ **\$35.00** per person, per night (My roommate is sending in a separate form with payment) Roommate's name (required): \_\_\_\_\_
- Roommate Requested @ **\$35.00** per person, per night (roommate to be assigned)
- Cots for children ages 6-14 # \_\_\_\_\_ X @ **\$10.00** per cot, per night  
Ages(s) of children (required information): \_\_\_\_\_
- Parking # of days \_\_\_\_\_ X @ **\$7.00**. Please include payment for all days from arrival through and including day of departure.

**PAYMENT All forms submitted must include payment.** Please retain a copy of this form and information on cancellation policies for your records

**PAYMENT INFORMATION**

**CHECK PAYMENTS:** A check in the amount of \_\_\_\_\_ US\$ drawn on a US bank and made payable to MIT, is enclosed.

**CREDIT CARD PAYMENTS (MASTERCARD, VISA, AMEX)**  
If you are paying by credit card you may fax your registration to **617-258-7005**

Housing: \$ \_\_\_\_\_

Cots: \$ \_\_\_\_\_

Parking: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Please charge my credit card for \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Authorizing Signature (required) \_\_\_\_\_

Please mail form and payment to:  
**MIT Conference Services/ISOM  
Room 7-111  
77 Massachusetts Avenue  
Cambridge, MA 02139-4307**  
  
Phone: 617-253-1700  
Fax: 617-258-7005  
Email: conf-serv-www@mit.edu  
**MIT Federal Tax Exempt #:  
042103594**